

FOREGROUNDS AND BACKGROUNDS IN WORK FOR THE SICK

An Address delivered at the Forty-third Annual Meeting
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WOMEN AND CHILDREN

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FOREGROUNDS AND BACKGROUNDS IN WORK FOR THE SICK.

There are two kinds of blindness from which I have suffered in my medical work. As I am now beginning to be convalescent, I note, with the sensibility of the recent sufferer, similar misfortunes in those around me. Blindness to what is before you just this minute and never before, or blindness to foregrounds, is a very common disease, due to the habit of looking off into the distance over the head (as it were) of the fact before you.

But there is another type of blindness in which the sufferer can see nothing except the facts directly in front of his nose, this I call blindness to backgrounds. I will mention a group of examples of each type.

I.

In my medical work at the Massachusetts General Hospital I see about 30 patients a day, or 3,000 in my four months' service. As I sit in my chair behind the desk, Abraham Cohen, of Salem Street approaches, and sits down to tell me the tale of his sufferings; the chances are ten to one that I shall look out of my eyes and see, *not* Abraham Cohen, but *a Jew*, not the sharp, clear, outlines of this unique sufferer, but the vague, misty composite photograph of all the thousands of Jews who in the past ten years have shuffled up to me with bent back and deprecating eyes, and taken their seats upon this same stool to tell their story. I see a Jew, a nervous, complaining, whimpering Jew, with his beard upon his chest and the inevitable, dirty black frock-coat flapping about his knees. I do not see *this* man at all. I merge him in the hazy background of the average Jew.

I look behind, beyond, through this actual flesh-and-blood man, to my own habitual mental image of what I expect to see. Perhaps, if I am a little less blind than usual to-day, I may hear what he says instead of what I expect him to say. I may notice something in the way his hand lies on his knee, something that is queer, unexpected.

That hand,—that hand, why, it's a muscular hand, it's a prehensile hand; and whoever saw a Salem Street Jew with a muscular hand before? That shocks me awake, at last. This is not merely "*a Jew*": this is a new kind of Jew. Why, his eyes are farther apart than I ever saw before in a Hebrew, and they don't avoid mine, but look straight at me with a long, deep look that somehow reminds me of the child in Raphael's Sistine Madonna. They are blue eyes, thunder-cloud blue and very steady. All this time he has been talking to me, not about himself, but about his fiancée whom I have examined and found consumptive yesterday. "Is she curable?" he asks, and "would Colorado give her the best chance? How soon must she go,—before cold weather? Well, I think I can arrange it before that. I have a little business just established in Providence, but I think within a month I can sell it out, and take her to Denver or wherever is best."

"And what will you do out there?" I asked him. "Have you any friends to help you start in business?"

"Oh, I guess I'm strong enough to support two," he said. "I can work in the mines if there is nothing else." He saw nothing out of the way in giving up the retail dry-goods business which he had just got well under way in Providence, and going to work underground in the darkness of a mine, if there was any chance of saving his fiancée, the dried-up, mincing little milliner whom I had seen, or thought I'd seen, the day before. There was no certainty that he could save her. I told him that, but, as soon as he understood that there was a chance, he was off to make his arrangements. He has gone now out into that unknown country, made, I hope, a little less forlorn and friendless to him by some letters I was able to give him to friends in Denver and Colorado Springs.

You could never forget that man if you had seen him,—his eyes, his quiet, slow voice, his muscular hands. I saw *him*. Yet he was no more real than the thousands of others whom I have seen and forgotten,—forgotten because I never saw *them*, but only their ghostly outline, their generic type, the racial background out of which they emerged.

The pity of it is that we see only what we have seen before. But the man, himself, is just precisely that which I have never seen before. So he is for me invisible: to him, as he sees himself, I am usually blind. I see a case of phthisis in a sad-eyed Irishman, but I

cannot see, as he does, his children at home, the coldness of his employer when he asks if his job can be kept for him, the dreariness of this great hospital with its suggestion of nameless horrors behind doors which open for a moment, and are swiftly closed again. The self that is pushing painfully through these experiences I fail to see, though it is all written in the stoop of his shoulders, the fear in his eyes, and the swift snatches of hesitating speech as he questions me about his lungs.

My students cannot even hear the new sound which I hear over one spot in his lungs,—a sound I never heard before. The students hear only the old common sounds which every case of advanced phthisis shows. These familiar old sounds they promptly hear and record, but to this new and startling sound, which may be the prelude to a better understanding of phthisis, they are deaf, though it is loud and clear, *even to them*, after it is pointed out to them. It is very humiliating, this blindness to the new fact, but it is a disease that we all have in greater or less degree.

II.

Let me tell you another of our humiliations. This case of typhoid,—a walking typhoid who has just turned up late, near lunch time, at the Out-patient Department, is obviously too sick to go home. We must keep him in the hospital. “Well, make out his recommendation slip, and count his white corpuscles, ring for John and the wheelchair, and get his clothes on,—and don’t forget to record the dimensions of his spleen before you put his record slip away.”

While these orders were being given, and while half a dozen assistants were executing them, a visitor to the hospital, not yet blinded and deafened by routine, heard the sick man ask three times for a drink of water. The visitor heard it: the others stood just as near, but none of them heard it. The sounds of his voice struck the tympanum of each man’s ear, but to three of them it was an unusual request, and so was simply unheard: by two others it was heard, but disregarded, not because they were cruel-hearted,—not at all,—but because they were none of them assigned to *that* duty. It was no one’s business in particular, and they all had other jobs, though, to be sure, jobs which could wait. One other assistant who heard the request said to himself, “Oh, he’ll be in the ward in half an hour, and

get plenty of cooler water; and what possible difference can it make in his recovery, anyhow? He'll want water again in a few hours." So no one stirred to get him the water until the visitor could bear it no longer, and so hunted up the tumbler and faucet, and brought it himself. Goodness! to see the sick man down that glass and look up with the gleam of momentary relief was something that visitor will never forget, and wouldn't have missed for a year's life.

It was the foreground,—immediate, pressing, *wholly transient* relief, *direct personal* service of the simplest kind,—all hidden from the minds of the regular assistants because they were looking off into the distance, shaping the sufferer's future course to the ward and towards recovery, each pointing like a dog at his task, each put in blinders, like a horse, by his concentration on the future and the distant. All concentration means deafness and blindness outside the circle which is lit up by the lamp of attention. The concentrated beam of the searchlight on a battleship is typical of the mind of a busy, well-trained man. Any well-trained physician, as he looks with one eye through a microscope, keeps the other eye open, not closed, as the beginner does, but wide open and *perfectly blind*, absolutely unaware of the images that fall upon it.

So foregrounds are always invisible to the man whose mind is elsewhere intent upon its duties and its plans.

Sometimes an immediate crying need, like that of the thirsty fever patient, is disregarded, because, as we say, it is so *transient*,—so momentary is the relief we give. "He'll be thirsty again in half an hour, and water won't cure him, anyway." Yes. It is *now* and *here*. It does not stretch into the distant future. In other words, it is just what I have called it, a foreground, and we are dreadfully prone to forget that all eternity is made up of half-hours as transient as this, as simple, unimpressive, and insignificant as this. Nothing divine, nothing heroic, about this mean, commonplace present. If the occasion were imposing and resounding, we should rise to it nobly, but we notice nothing very important just here in this dingy laboratory or on that dreary corridor. We are almost indignant, if any one tries to open our eyes. How can this piece of cheap, transient drudgery be linked to anything noble or significant?

"Lord, when saw we thee anhungered, or athirst, or a stranger, or naked, or sick, or in prison, and did not minister unto thee?"

Whatever we think, whatever our creeds say, our acts prove that we

count it mere poetic exaggeration or literary figure when Christ said, "Inasmuch as ye did it not unto one of these least, ye did it not unto me." Christ said that every person, every moment, is a representative of the best in life,—a fair specimen opportunity. "One of the great illusions is that the present hour is not the critical decisive hour. God give me insight into to-day! The meal in the firkin, the milk in the pan, the ballad in the street, the glance of the eye, the form and gait of the body; show me the sublime presence lurking, as it always does lurk, in these suburbs and extremities of nature."

"Inasmuch as ye did it unto the least of these my brethren, ye did it unto me."

"What are you doing?"

"Oh, nothing. I have been doing that, I shall be doing so and so, but just now I am only"— "Inasmuch as ye did it not unto the *least* of these my brethren, ye did it not unto me."

III.

From another point of view the duty of seeing the foreground becomes what Stevenson calls the *duty of happiness*. Not merely in some far-off divine event which shall gloriously consummate and fulfil the hopes of to-day, but all along the road, in the details of meeting, serving, directing our patients, in the very process itself, and not only in its results, we must find our happiness. Why must we? Because the man that doesn't enjoy his job never does it well, and because, if you do enjoy it, you will make others happy. If it is only the fully achieved result that you enjoy, you will be glum or grim most of the time, for results are rare and uncertain things, and the "best-laid plans of mice and men gang aft agley." One ought to enjoy the motion of walking down a corridor, the actual questions and answers by which we get at our patients' needs, the simple technique of accurately reading a thermometer and neatly recording the result on a chart. One ought to get pleasure out of the eyes and faces, the gestures and tones, of our patients and our fellow-workers, the rich roll of the Scotchman's brogue, the musical undulations of the Englishman's voice, and the quick, sympathetic flash of the Italian's eye. How stupid, how purblind, to front all these guests with the same stereotyped kindness, the same military precision, or, worst of all, the same dull inattention! Let us be in it! Let us

catch the vital impulse of happiness that there is in sight, sound, and touch, in the infinite novelty and unexpectedness of the foreground.

This unique unforeseen opportunity, this direct personal service, this momentary joy springing from the sight and sound before us, make up a part of that foreground of our work to which I wish with all my heart I could never again be blind.

There is much else in that foreground of which I should like to speak. To be blind to the humor of the moment or to the pathos and the tragedy of the moment, to meet them all with the same engaging smile or the same business-like firmness,—oh, it is a performance fit only for lay figures on wheels! God grant we may act tomorrow a little less like stuffed images! No wise thought of the future, no deep scientific ardor for the truth to be learned from these sufferers, no preoccupation with the wider interests of the community, can justify our blindness to the here and now.

IV.

But I should wholly miss my mark if I left you with the impression that I hate blindness to foregrounds a whit less than I hate the shortsightedness that can see only the foreground.

We physicians are prone to scoff at the habit of taking a drug for a symptom like headache, without looking deeper to find the underlying disorder of which this headache is a symptom. We point out very truly that only by finding and removing the cause of this headache—an eye-strain, perhaps, or a stomach trouble—can its recurrence be prevented and other disorders nipped in the bud. This is as it should be, but we need to carry the same habit further. Why should we not push on, and find out why this patient has the stomach trouble? The headache is only a symptom of stomach trouble, we say. Yes, but the stomach trouble itself may be only a symptom of chronic worry, and the worry a symptom of deficient income. The patient's expenses turn out to be a trifle larger than his wages, and one of the many bad results of this fact is the worry that causes the stomach trouble, which in turn causes the headache.

If we are really to treat that patient, and not merely smother one of his symptoms under a dose of medicine, we must push on into the background of his case, and see what disease in the body politic—

perhaps in the organization of industry—is behind his individual suffering. Not that we should lose sight of him. On the contrary, we can do much better for him if, instead of stopping at the first stage, headache, or at the second stage, stomach trouble, or even at the third, worry, we go into the matter of his income and outgo, and see if the two ends can't be made to meet. I have heard physicians giving advice to patients not to worry, advice that would be laughable if it were not so pathetic: "Just stop worrying" (you might just as well say stop breathing), "and take a long rest. Avoid all mental and physical strain." What his wife and children are to do meantime never occurs to this type of physician. The wife and children are in the background, out of range of his vision, and so for him they play no part in the case.

The shortsightedness of our hospitals in this respect is really marvellous. They will take in the wards a baby whose digestion is upset, give it free treatment, which costs the hospital twenty dollars, send it out again without any inquiry into the way the mother feeds it or the air it breathes or the clothes it wears. A month later the baby is back again, as sick as before, and from just the same causes. The hospital takes it again, spends another twenty dollars in getting it well, and so on. I followed up a case like this recently, and found that the mother was grossly ignorant of the first principles of feeding and caring for a baby, though perfectly capable of being taught. Even in terms of dollars and cents the hospital is losing by its blindness to backgrounds. The same ailments in the same patients are treated again and again, with a wisdom equal to that of the sage who dipped up water with a sieve.

Our patients shoot by us like comets, crossing for a moment our field of vision, then passing out into oblivion. At the end of hundreds of hospital records one can read the words "discharged well," and the eminent surgeon, figuring up his "successes," often counts as such all who have left the hospital well, and never been heard from again. But peer into the background a little, follow up these cases for a few months or years, and you will often find that "the last state of that man was worse than the first." The past and the future of our cases is one aspect of that background of their lives to which we are so blind.

Another background of our experience with the sick, and one to which we are almost as blind as we are to their home conditions, is the moral and spiritual setting from which their physical symptoms project into our foreground. This is the field in which our friends the Mental Healers and Christian Scientists have worked with so much success. Mind Cure and Christian Science have a strong hold upon thousands in this community to-day because they have not been blind to the spiritual background of the physical suffering. Doctors and nurses are often unwilling to admit that *fear* causes disease because the Mind Curists have so long said that it did, but there is scarcely a week that I do not have to write upon several of the record slips in our Out-patient Department the diagnosis, "*Apprehension*." A man comes to us complaining of a trifling pain in his chest, but also sleepless, without appetite, losing weight, too weak to work,—all because the trifling pain happens to be in the spot where he has been told his heart is. I examine his heart, find it wholly normal, tell him so with all the emphasis I can express, and add that he couldn't die if he tried, will probably live to be a hundred, and that meantime he must go to work and put the idea of heart trouble out of his head once for all. In three days that man will be a changed being. You will hardly recognize him as the same. He believed me because he heard me tell the patient just ahead of him that he *had* heart trouble, and could never hope to work again. Believing me, he began to sleep and eat, to work, to love life, and to throw from his shoulders the millstone of fear that had been weighing him down.

Every candid physician knows that fear causes some disorders, that self-absorption causes others, that sin and half-smothered remorse causes still others. But he is afraid to admit the full consequences of these truths. Because he knows that cancer, typhoid, meningitis, are *not* caused by fear or by sin, because he fears to admit that the Mind Curists have a piece of real truth in their possession, he blinds himself to this whole realm of fact. He calls it rubbish or sentimentality or superstition or simple ignorance, but he has to recognize it more or less in his practice, though grudgingly.

The enormous influence of spiritual environment, of friendship, of happiness, of beauty, of success, of religion, is grievously, ludi-

crously underestimated by most physicians, nurses, and hospital superintendents. There are diseases that cannot be cured without friendship, patients that never will get well unless you can get them to make a success of something or to conquer their own self-absorption by a self-devotion, losing their life to find it.

Our blindness to backgrounds of this type is well illustrated by the recent remark of a hospital superintendent: "I want you to understand," he said, to some one who was laboring to correct some of the results of our habitual blindness to backgrounds. "I want you to understand that we want sense, and not sentiment, in this work." Think of the short-sightedness of one who has lived for years in the midst of these problems,—your problems and mine,—yet doesn't know that *both* sense and sentiment are absolutely essential in any competent medical work. It is as if one should say, "We want eyes, but no ears, in this work."

VI.

Another type of blindness to backgrounds and one less appealing perhaps to you is the blindness to the scientific truth which can and ought to be won out of every case of disease. Now I hope you will not suspect me of lack of respect for the humanitarian side of medicine,—the direct immediate helpfulness of man to man, in short the foreground. But I wonder if we all realize that Pasteur, who had scarcely any direct dealings with patients, scarcely entered what I call the foreground of medical work, won truth that has been the means of saving more lives, more suffering, more rack and ruin in human flesh, than all the doctors and nurses now living. It is the man of science who works out the prevention of typhoid epidemics, banishes yellow fever from Cuba and the terrible parasitic anæmia from Porto Rico. You and I can only alleviate a little suffering here and there. We are pygmies of human helpfulness compared to those giants who look beyond and behind the sick patient in the foreground to the tiny glimpse of truth in the far distance, and work towards that distant gleam by faith. I want to make you feel as I do the spiritual nobility of scientific work. It deals almost exclusively with the unseen. You and I deal with the seen, with the ills and griefs of the foreground, and we are quite right in doing so, but we ought to give all honor to the spiritual imagination by means of which the man of science

grasps those unseen truths which are eternal, and, using them as a lever, lifts us all out of our difficulties. Let me illustrate.

It was a mere idea, a mere theory, for which Lazear laid down his life five years ago in Cuba,—the theory that mosquitoes transmitted yellow fever from man to man. Nothing visible, nothing reliable and certain in it. To test it, men must be found who would allow themselves to be bitten by mosquitoes which had previously bitten a yellow fever patient. Lazear and three other physicians offered themselves, and by their example induced several others (soldiers in the American army) to do the same. All were infected, all took yellow fever. The theory was proved, and Lazear died. To-day, and as a direct result of the scientific work that culminated in the sacrifice of Lazear's life, Cuba is free from yellow fever after one hundred and fifty years of the scourge. Hundreds of lives a year are saved by that piece of scientific work.

Those doctors did not directly serve any patient. They nursed no one, they carried no cup of cold water. In books and laboratories they imagined, thought out, worked out, and proved that theory. As we look back now from the solid ground of assured fact, with New Orleans saved this summer from decimation owing to the application of this theory, it is hard to realize the imagination, the faith, the hold upon the unseen, which went to the elaboration of that theory. Faith, says Saint Paul, is the substance of things hoped for, the evidence of things not seen.

You would realize the high spiritual quality of this work if you were associated with the men who do it. Do you remember Scott's description of the Roundheads in "Old Mortality," the lean, bare-headed group upon the hill, utterly wanting in the graces and trappings of the Cavaliers, poor and mean, silent, unworldly, shining only by the inner light of their determined purpose and of their abounding faith in the unseen?

That is the type evolved by scientific discipline, a discipline the full rigor of which must be experienced to be appreciated. If ever you feel inclined to belittle the work of scientific men or to believe the legends of their brutality and materialism, go and look into the faces of any gathering of them, and listen to their work. I think you will be convinced, as I am, that no small part of the seed of the God-fearing Puritans has taken root and is flourishing in the rigorous asceticism of the modern scientific investigator. We accept the fruits of

his labors, and live on them like parasites, but we do not often stop to acknowledge our indebtedness, still less to realize that the work has been done by minds disciplined by a degree of self-denial, a degree of renunciation of the world and its rewards, before which you and I should quail.

VII.

I have set foreground and background apart, and described them separately, as if it were true that, the more one sees of the one, the less the other is visible. But, of course, that is not so. The man who has the clearest sense of the individuality and sacredness of each person and of each moment of time will run into confusion and distortion unless he backs his foreground view with the vista of the distant, the past and the future, the background of the community life out of which this individual has emerged and to which he belongs. The only justice to one individual is justice to all. The only true consideration of one is consideration of all.

The humanitarian and the scientific sides of our work need each other as man and woman do. Science without humanity becomes arid and, finally, discouraged. Humanity without science becomes scrappy and shallow.

No one ought to be satisfied to test his work by any easier standards than these:—

First. Am I seeing all the actual facts, the ever-new and unique facts, the crying and immediate needs as they come before me?

Second. Am I tracing out as far and as deep as I can the full bearing, the true lesson, the unseen spirit of this moment, this situation, this calamity, this illness?

Am I using my eyes and ears, my sympathies and my imagination, as hard as I can? Am I searching for the deepest meaning, the widest bearing, the furthest connection of these facts? Am I seeing and helping as truly as I can the foreground and the background of my work?



